

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90016 006 ***150.00

0628962 AB

DOCUMENT # F97000006334

1. Entity Name

ASSOCIATION OF INDEPENDENT QUIKRETE LICENSEES, I NC.

Principal Place of Business

**PO BOX 7717
 WICHITA KS 67277-7717**

Mailing Address

**PO BOX 7717
 WICHITA KS 67277-7717**

2. Principal Place of Business

2871 N. RIDGE RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WICHITA, KS

City & State

Zip

-67205

Country

USA

Zip

Country

4. FEI Number

41-1761449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **P KLOCHKO, STEVE III**
 STREET ADDRESS **8951 SCHAEFER HWY BLDG #6**
 CITY-ST-ZIP **DETROIT MI 48228-2515**

TITLE ☐ Delete
 NAME **S JETT, CHARLIE JR**
 STREET ADDRESS **932 PROFESSIONAL PLACE**
 CITY-ST-ZIP **CHESAPEAKE VA 23320**

TITLE ☐ Delete
 NAME **RITCHIE, EDWARD**
 STREET ADDRESS **2872 N RIDGE ROAD**
 CITY-ST-ZIP **WICHITA KS 67277-7717**

TITLE ☐ Delete
 NAME **D PETTY, J D**
 STREET ADDRESS **15950 S LORANG ROAD**
 CITY-ST-ZIP **ELBURN IL 60119**

TITLE ☐ Delete
 NAME **D SEIS, STUART**
 STREET ADDRESS **2700 2ND ST., S.W.**
 CITY-ST-ZIP **ALBUQUERQUE NM 87102**

TITLE ☐ Delete
 NAME **D SIMPSON, MARK**
 STREET ADDRESS **701 MARSHALL ROAD**
 CITY-ST-ZIP **VALLEY PARK MO 63088**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Ritchie, Edward**
 STREET ADDRESS **2872 N. Ridge Rd.**
 CITY-ST-ZIP **Wichita, KS 67277-7717**

TITLE ☒ Change ☐ Addition
 NAME **Boylan, Steve**
 STREET ADDRESS **Corporate One, St. 110**
 CITY-ST-ZIP **Little Rock, AR 72205**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Jett, Charlie Jr.**
 STREET ADDRESS **932 Professional Place**
 CITY-ST-ZIP **Chesapeake, VA 23320**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Simpson, Tom**
 STREET ADDRESS **701 Marshall Road**
 CITY-ST-ZIP **Valley Park, MO 63088**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/26/02

Daytime Phone #

(316) 442-0100

CR2E034 (9/01)